

Cover Page

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Response to RFI Questions

1. Describe your organization's expertise in implementing large health care systems delivery reform such as an 1115 Waiver, CMMI State Innovation Model testing projects for developing multi-payer approaches to integrated health care delivery, and similar innovative and transformative state government implementation efforts

a. Expertise in implementing large health care systems delivery reform such as an 1115 Waiver

RESPONSE:

At HP Enterprise Services, LLC (HPES), we work with more health information than anyone else on the planet, so we understand the critical role it plays in delivering quality care. Our technology and service solutions advance the way health plans, providers, life science organizations, and governments use information, allowing them to deliver better outcomes.

As the trusted adviser to health and life sciences organizations around the globe, HPES offers proven capabilities, unmatched experience, and solid domain expertise. HPES enables health and life sciences organizations to harness information – so you can focus on and solve business challenges, drive innovation, and improve health and business outcomes.

Streamlining Medicaid administration in the United States is our core mission and our HPES *interChange Healthcare Platform* (interChange) provides the ultimate solution for implementing, managing, accounting, and reporting on any combination of fee for service, managed care, accountable care organization, and community based focused programs such that the states can focus on member care and quality of care, while managing the Medicaid budget.

We understand that Illinois is facing challenging times with a fee-for-service Medicaid system. Additionally, by 2017, Illinois expects that an additional 500,000 Medicaid clients will be enrolled under the Affordable Care Act while moving and implementing the Illinois Waiver 1115, the Path to Transformation. The future Illinois Medicaid need is extremely demanding...one that calls for a flexible, scalable, responsive and comprehensive solution. Our *interChange Healthcare Platform* is a proven solution implemented and used in many states that have not only seen Medicaid eligible rolls increase but also have a need to implement the Waiver 1115.

HPES' *interChange Healthcare Platform*...Illinois Path to Transformation

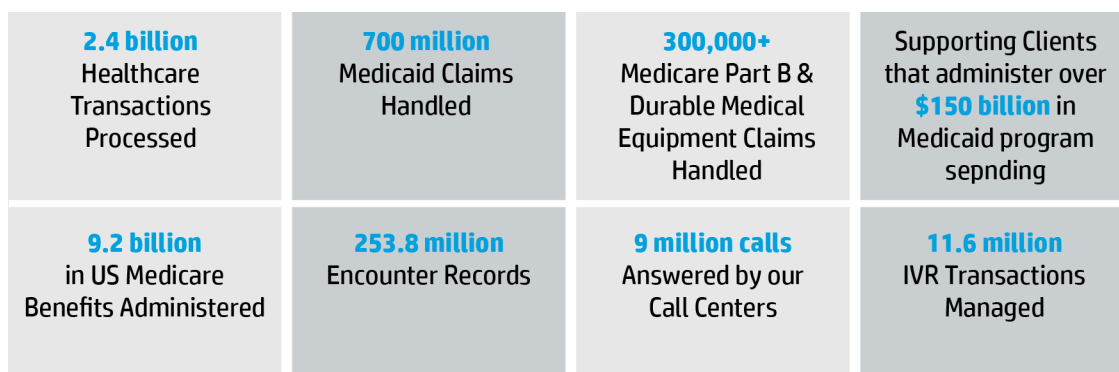
HPES' *interChange Healthcare Platform* optimizes how states deliver vital healthcare benefits – with stronger management, better and responsive integration, and enhanced patient services.

Our interChange solution provides states with a fully integrated, federally certified healthcare administration platform. HPES' interChange solution builds on 48 years of HPES innovation to efficiently manage the complexity and data volumes in today's Medicaid complex environment. This proven solution incorporates both MITA and 7 Standards and Conditions (7SC) guidelines and

provides the technology foundation needed for Medicaid and the multitude of programs and waivers any state may be pursuing to better handle and manage the healthcare needs of the future.

States use our *interChange Healthcare Platform* to administer more than \$60 billion in benefits each year. HPES has supported MMIS changes from fee-for-service only claim adjudication engines to a mixture of fee-for-service, managed care, and other unique type of waiver needs going back to the early 1990s. In states like Kansas, we have helped implement full managed care. In Wisconsin, we supported a mixture of waiver programs with both fee for service and managed care. Our impact in the healthcare services area is reflected in the chart below.

HPES Typical Yearly Impact in Healthcare Services



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The chart below highlights nine states with both a fee for service (FFS) and managed care waiver implemented with claims, encounters, and capitated payments according to each State's programmatic, policy and payment rate structure unique to each state.

States With FFS and Managed Care Waiver

MMIS State	Annual Claims	Annual Encounters	Provider Count	Member Count	Managed Care Population	Managed Care Capitations \$
Arkansas	40,369,886	895,963	40,349	798,188	434,000	51,423,083
Florida	90,511,977	53,768,856	159,708	3,300,000	2,933,737	4,829,409,416
Georgia	53,000,000	25,900,000	97,604	1,700,000	2,728,915	3,126,945,491
Kansas	6,100,000	20,100,000	28,891	380,000	380,000	1,800,000,000
Kentucky	25,700,000	57,300,000	31,476	873,000	753,000	4,000,000,000
Oklahoma	60,816,779	418,935	38,435	827,424	554,336	33,614,916
Oregon	23,876,682	15,853,227	77,756	692,963	601,817	25,452,000
Pennsylvania	44,535,799	84,809,315	68,000	2,231,577	1,731,577	10,793,678,700
Wisconsin	41,000,000	32,000,000	73,000	1,150,000	73,000	2,560,000,000
Total	325,094,344	289,731,398	615,219	11,953,152	10,117,382	\$ 27,220,523,606.

At the heart of the Illinois MMIS will be the CMS-certified *interChange Healthcare Platform*, the first MMIS to successfully be evaluated and certified through the new CMS certification process. This approach provides a solid, CMS-certified foundation on which to build the Illinois Path to Transformation waiver. A recent example is our implementation of the full managed care rollout in Kansas. On January 1, 2013, the KanCare program went live with approximately 380,000 Medicaid members transitioning into one of three managed care plans. HPES quickly enhanced *interChange* during a period of seven months to support the new capitated managed care program. The *interChange* enhancements included one of the most sophisticated auto-assignment processes in the Medicaid market. Not only were existing provider-member relationships maintained during auto-assignment, but the *interChange Healthcare Platform* also examines specific healthcare needs as well as illness burden to effectively and evenly distribute the most costly members among the plans. By balancing the needs of beneficiaries with the business needs of the plans, HPES quickly configured *interChange* to support the new program and auto-assigned members into plans based on state criteria without any disruptions in service to the members or the providers.

Best in Class COTS supporting Illinois Plan to Transformation

CMS has laid out a vision of increased use of COTS software to lower development costs and risks to MMIS implementations. HPES is a strong advocate for COTS products as part of the modern MMIS solution, but does not consider blind use of COTS a panacea. In fact, states choosing vendors whose core claims processing engines are run by commercial healthcare products often encounter problems with flexibility to adapt to Medicaid programs or scalability to Medicaid claim and encounter volumes. A COTS healthcare claim processing product cannot be MITA-designed by definition, because the mandate is to serve the more generic needs of HMO and MCOs.

HPES does not consider commercial healthcare claim processing products “best in class” for unique and demanding Medicaid applications. Our approach has been to employ generic, industry-agnostic COTS products for areas such as correspondence generation and human workflow but retain our core, Medicaid-proven, Business Policy Administration (BPA) engine for claims processing. Our BPA engine can house hundreds of thousands of rules specific to Medicaid claims processing. Attempting to build a complex rules set into a COTS product and integrate that COTS product into the overall MMIS would introduce significant risk and complexity into the Design, Development, and Implementation (DDI) phase of the project. The HPES approach to COTS and developed MMIS products has repeatedly been proven to give states the *flexibility* to implement complex, Medicaid-specific policies for claims processing and handle high volumes whether they be claims, capitated payments, and/or encounters.

Why HPES Is the Best Choice for Illinois Plan for Transformation

HPES offers the *best total package of system and services*. For the solution to provide the maximum benefit to the State and its Medicaid population, both providers and members, secure access and data are integral with the following:

- State-of-the-art performance measurement dashboard
- @neTouch family of features in our user interface for ease of navigation
- A Member-Centric Healthcare Portal that offers a one-stop access point for self-service access
- A Provider-Centric Healthcare Portal that offers a one-stop access point for self-service access

Our unmatched innovative system offers users more information at their fingertips, and allows the State to better and more effectively serve the current and future Illinois members.

inSight Performance Dashboard

The interChange inSight Performance Dashboard is the central repository where the key metrics that are aligned to service delivery excellence are captured, reported and analyzed. The inSight Dashboard provides the business and technical performance data for real time, meaningful analytics. This information is available directly from the manager’s desktop allowing for analysis of key information when they need it. The manager can change any of the dashboard filters to drill into the specific metrics they elect to monitor. By changing the filters, the reporting displays of the dashboard change dynamically. The inSight Dashboard provides the key aspect of the CMS Seven Standards and Conditions (7SC) of providing feedback on Business Results through the Reporting Condition.

The @neTouch features provide dynamic, context-sensitive, single-click navigation to the most relevant panels based on the current business process being worked.

inSight provides the measurement feedback critical for successful management of the broad healthcare program, Waiver 115, the Illinois’ Plan to Transformation.

@neTouch Features

HPES built the @neTouch family of features within our *interChange Healthcare Platform* user interface based on guidance from our business experts who perform the detailed tasks every day.

Healthcare is complicated, but navigation to the information you need is simple.

The @neTouch family of features will help Illinois provide convenient and timely online access to the Plan of Transformation data.

Healthcare Portal – Member and Provider Centric

The HP Healthcare Portal enables advanced self-service features directly to the providers and members. This simplifies their interaction with the Medicaid program and provides the most cost-effective methods for eligibility verification, claim submission, Remittance Advice distribution, and other business functions. Members can access their medical information in a secure environment and review their managed care options, determine if prior approval is in process, approved, and much more. Likewise, Providers can access much of the critical claims and payment data while also being able to verify the member's eligibility.

Purpose-built rules engine that is 7SC and MITA-aligned

HPES' *interChange Benefits Policy Administration Rules Engine* is built to accommodate multiple plans and unique programs, such as waiver programs and their associated policy and payment requirements. We can quickly and easily change our *interChange Healthcare Platform* to add or change plan criteria. Our table-driven database system embraces the MITA principles by providing Illinois with an interoperable, modular system.

The flexibility of the *interChange Healthcare Platform* allows for a multi-level managed care plan approach that will encompass the multiple enrollment functions like enroll, default, remind and disenroll clients.

Additionally, the *interChange Healthcare Platform* will be equipped to process and price encounter claims through the same rules engine as used for fee-for-service claims applying edits and audits as defined providing reporting that shows the costs, the net benefits and assists the State of Illinois in managing the budgetary needs of 2015 and beyond.

World-class workflow that empowers users

The *interChange Healthcare Platform* incorporates workflow where it is most needed, such as within Benefit Plan Administration and Provider Enrollment. These tasks typically have multiple steps with multiple resources working on them at the same time, which makes them ideal for workflow. The *interChange* workflow engine empowers department supervisors to see transactions in flight, be able to determine where a given transaction is at any particular time, and to re-allocate workload based on availability of resources. This granular-level of management capability is critical to increasing the efficiency of the BPA and Provider Enrollment processes.

b. Expertise in implementing CMMI State Innovation Model testing projects for developing multi-payer approaches to integrated health care delivery

States have been implementing and using the managed care model to deliver and finance care for Medicaid enrollees. We understand the Illinois is aggressively pursuing not only a Waiver 1115 but also pursuing through a CMS grant the development of its State Health Care Innovation Plan. Based on the State's Health Care Innovation Plan initially drafted, Illinois will focus on models to improve overall population health through collaboration among public health, healthcare, and community development sectors. The Innovation Plan will incorporate new initiatives, as well as build on the delivery and payment system reforms already under way in Medicaid and the private sector, such as managed care models. The planning process will require collaboration among health plans, providers,

and payers to reform payment and delivery systems and the active engagement of community development and public health communities to enhance quality, improve health status and reduce overall costs.

For the State of Illinois to successfully activate, implement, and operate this plan, the State needs a technology solution that provides flexibility and modernization that not only meets waivers as they are today but waivers as they are developed, tweaked, and enhanced for the future. HPES has been working closely with many of our states on similar initiatives with multiple waiver implementation efforts. Although each waiver below is different, our *interChange Healthcare Platform* was able to respond and implement the needs of each state's differing plans from beginning to end: prior approval, claims processing, payment structure/reform, and reporting. HPES successfully implemented the HCBS waiver in Vermont—the first CMS-approved waiver for any state. Our most recent waiver program implementation was in the state of Delaware, which completed in May 2013. The following table shows a sample of the waiver programs in those states where HPES is the fiscal agent.

Sample of HPES Waiver and Integrated Care Programs: 2010 – Present

Program	What it Provides
Alabama Health Homes Waiver	CMS-approved implementation of comprehensive care management of health homes program in four networks; targets individuals with two chronic conditions or Serious Mental Illness (SMI)
Alabama HCBS Waivers	Services to individuals of any age with disabilities or long-term illnesses who live in a nursing facility but desire to transition to the home or community setting
Arizona Medicaid Managed LTSS Program	Under Section 1115, provides services through prepaid, capitated managed care model coordinating healthcare for both Medicaid State plan groups and demonstration expansion groups
Arkansas HCBS Waivers	Approved for adults with physical disabilities aged 21–64, provides HCBS for those who meet criteria for intermediate nursing home care; people with MR/Developmental Disabilities (DD) who meet intermediate care facility(ICF)/MR level of care (LOC); people aged 65 and older who meet nursing facility LOC; people aged 21 and older who meet intermediate nursing home LOC; and children 18 or under with disabilities
Connecticut ASO Dual Eligibles Demonstration	Implements demonstration to integrate care through an ASO for dual eligible individuals with Serious Mental illness (SMI) and with Intellectual and DD
Connecticut LTSS Balanced Incentive Program	Provides CMS-approved funds for greater access to LTSS under ACA
Delaware Elderly and Disabled Consolidated Waiver	Consolidates Elderly/Disabled, Acquired Brain Injury, and Assisted Living 1915(i) waivers
Delaware Long Term Care Medicaid Managed Care Demonstration Waiver	Integrates long term care and other full-benefit dual-eligibles under Section 1115
Florida 1915(b)(c) Combination Waiver	CMS-approved implementation of long term care component of the State Medicaid Managed Care

Program	What it Provides
	Program (effective 7/2013)
Georgia HCBS Waivers	CMS-approved HCBS for people 21-64 with severe physical disabilities including traumatic brain injury, people with Intellectual/DD, people with functional impairment caused by physical limitations
Georgia Source Waiver	Links primary medical care with HCBS
Indiana HCBS Waivers	Approved for aged and disabled who meet nursing LOC; people with traumatic brain injury and for individuals with Intellectual Disability who meet ICF LOC; and for children with serious emotional disturbances and youth with SMI
Kansas CHIP and LTSS Global Waivers	CMS-approved implementation of integrated care system, "KanCare," to provide CHIP services, including LTSS through managed care
Nevada HCBS Waivers	CMS-approved HCBS for the frail elderly, people with MR and related conditions, people with physical disabilities, and assisted living for individuals 65 and over who otherwise would require nursing facility LOC; state plans also allow HCBS for individuals with chronic mental illness
Oklahoma Demonstration Waiver for Dual Eligibles	Three-pronged approach to integrate care for full benefit Medicare-Medicaid enrollees, including those with Intellectual/DD
Pennsylvania Consolidated HCBS Waiver	CMS-approved HCBS for individuals with Intellectual Disability or DD aged 3 and older, who meet MR/ICF criteria; children from birth to age 3 who need Early Intervention and require ICF/MR or other related conditions
Rhode Island Integrated Care for Dual Eligibles Demonstration	CMS-approved integration of care for dual eligible individuals; services for people with SMI and Intellectual/DD and people carved out in 2013, with possible inclusion in 2014
Vermont HCBS Choice for Care Demonstration Waiver	First state to receive CMS-approved waiver (2010) to provide HCBS for people with highest need

Program	What it Provides
Wisconsin HCBS Waivers	LTSS to adults under age 65 with physical disabilities or with Intellectual/DD, and adults of age 65 and older with nursing home LOC under 1915(b) and 1915(c); under Sections 1932(a) and 1915(c)) provides Medicare cost-sharing, behavioral health (not covered by Medicare), prescription drugs (not covered by Medicare), LTSS (HCBS and institutional), and other services for under age 65 with physical disabilities, adults under age 65 with developmental disabilities, and frail adults of age 65 and older
Wisconsin Health Homes State Plan Amendment	CMS-approved HCBS Medicaid and BadgerCare Plus members with a diagnosis of HIV/AIDS and who have at least one other diagnosed chronic condition or is at risk of developing another chronic condition

Besides variety and complex waivers HPES has implemented and supported, we also have the next key link to integrate additional agencies and programs within our HPES *interChange Healthcare Platform*.

Multi-payer Capability - Key link to a successful State's Healthcare Innovation Plan

The HPES *interChange Healthcare Platform* is a GAAP-certified multi-payer system. One example of this is the State of Wisconsin where we currently process 5 agencies' transactions, claims, encounters, payments, and other special needs such as reporting, notifications, and special service payments. Our *interChange Healthcare Platform* capability provides the option to expand processing outside traditional Medicaid, enacting a 'future proof' solution for Illinois. As pressure on state IT budgets increases, the desire for consolidation of IT services will become a top priority. The HPES *interChange* multi-payer pedigree for the Illinois State Healthcare Innovation Plan will allow processing to be expanded to areas such as:

- Public Health
- Community Development Centers
- Veterans Benefits
- Workers Compensation
- State Employee Benefits

HPES is the only vendor that can provide the State of Illinois both multi-payer capability and a low-risk, proven *interChange Healthcare Platform* with the flexibility to respond to many different program needs and support the unique and ambitious plans of the State of Illinois' Healthcare Innovation.

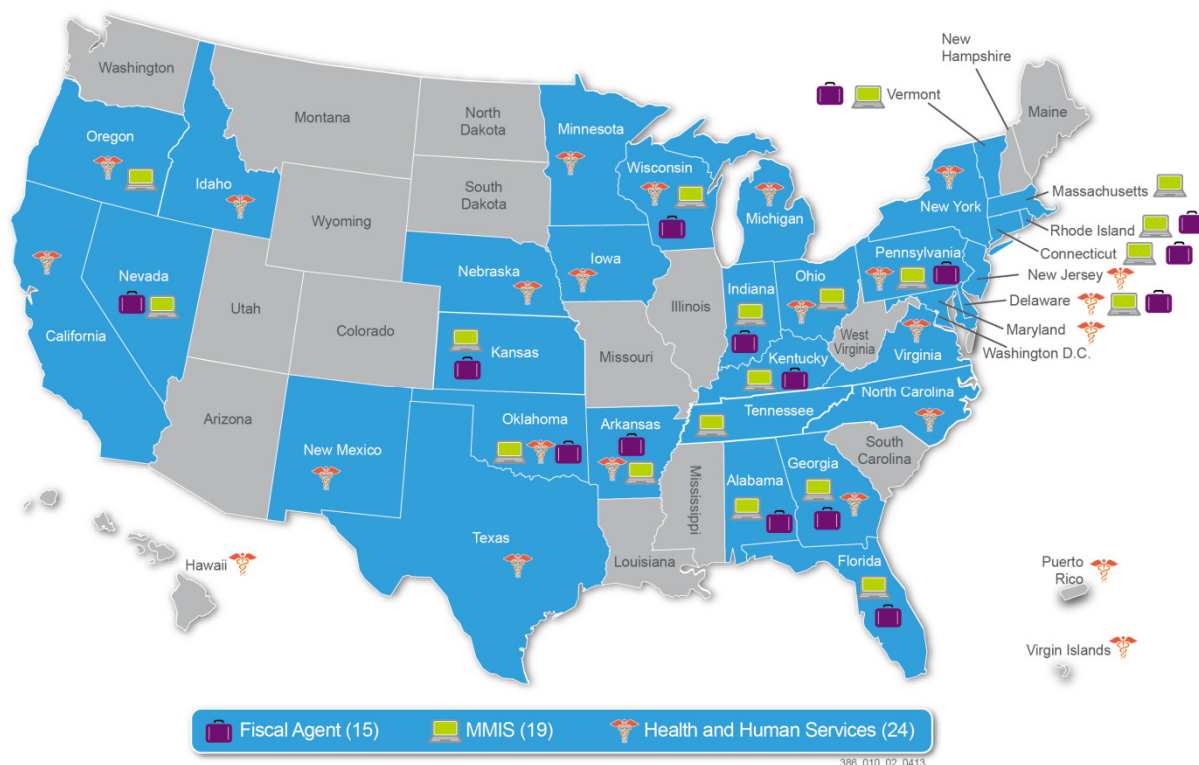
c. Expertise in implementing similar innovative and transformative state government implementation efforts

HPES has an extensive corporate history in healthcare dating back to establishing claims processing systems for the first national healthcare programs, the Medicare Title XVIII, and the Medicaid Title XIX programs in 1965. Our nationwide success has continued through the years with the design, development, and implementation (DDI) and maintenance of several superior Medicaid Management Information System (MMIS) technical solutions and delivery of effective Fiscal Agent (FA) services. Our experience is backed by industry professionals and consultants with extensive Medicaid program and policy knowledge, and thought leadership.

In the past decade HPES has been selected by more states than all other vendors combined for MMIS implementations. The HPES *interChange Healthcare Platform* has achieved CMS certification every time, with hundreds of ‘industry best practices’ being identified as the basis of our solution.

We offer a diverse portfolio of Medicaid and related services, including MMIS development and maintenance, technical expertise in complex healthcare delivery systems transformation and data analytics. We demonstrate our dedication to serving government health and human services programs with innovative solutions, dependable FA, consulting services, and highly experienced healthcare professionals. HPES supports health and human services programs in 33 states and two U.S. territories. Of those, we provide full fiscal agent services to 15 MMIS states and MMIS services to 19 states, as shown in the following figure.

HPES Fiscal Agent, MMIS, and Health and Human Services



HPES brings a demonstrated, long-term commitment to Medicaid and public healthcare in the United States. The following figures present highlights of our expertise and capabilities.

The HPES Experience Advantage

8 advanced MMIS implementations less than 32 months	19 states run HP Medicaid systems (next closest vendor has 12)	Number One BPO services provider in the Healthcare and Managed Care markets	Largest provider of Healthcare IT in the world	96% of US Hospitals use HP server Technology
13 Certified MMIS Implementations since 2002	12 States with long term relationships – 6 states are more than 25 years	5 States came back to HP after being with other vendors	3 Large MMIS takeovers and transitions in the last 10 years	13 of the top 15 Pharmaceutical Companies use HP Technology

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Besides the recent interChange MMIS implementations in which HPES transformed the State's Medicaid delivery system into a service-oriented architecture (SOA)-based, MITA-aligned, and flexible MMIS using portals, workflow, rules engine, and a ESB to transform and mature the business processes needed to support the unique needs of the different states – HPES designed and developed the Medical Assistance Provider Incentive Repository (MAPIR) application.

One of HPES' strengths is the ability to take advantage of innovative solutions. We include our Medicaid customers in the awareness of innovative technology and processes used in other states that can benefit them. An example of this technology sharing is the Medical Assistance Provider Incentive Repository (MAPIR)—created in response to legislation in the Health Information Technology for Economic and Clinical Health Act (HITECH Act), which was part of the 2009 ARRA Act. The legislation established Medicare and Medicaid Electronic Health Record (EHR) incentive programs. These incentive programs began January 1, 2011, and provide incentive payments to eligible professionals and eligible hospitals for the adoption, implementation, and upgrade, and meaningful use of certified EHR technology.

With the leadership from the Commonwealth of Pennsylvania and CMS, HPES implemented a web-based solution in a collaboration of 13 states. The MAPIR solution was built after to be shared by the participating states, affording the states the opportunity to divide the development costs. The MAPIR development was funded with a 90:10 federal match; the 13 states shared the 10 percent of state costs for development.

MAPIR was a bold experiment in multistate collaboration, with the goal to share technology development, operational processes, and work products to reduce the burden on each of the states. The participating states developed a common understanding of the federal program rules and requirements and maintained a diversity of opinions that challenged interpretation of the evolving federal regulations—supplying a broader knowledge base for direction. The state matched costs to develop MAPIR were shared among the participating states.

The value of this shared effort across the HPES customer base is twofold—each participating state saved scarce budget dollars by sharing costs, and each participating state benefitted from the provided tool, minimizing resource demand on already stretched state technical resources.

Recognizing HPES' collaboration with 13 states to develop the MAPIR application, the National Governors Association presented HP with the 6th Annual Public-Private Partnership Award at its annual meeting in Washington, D.C., on February 27, 2012.

Medicaid business process modernization

The interChange provider enrollment workflow application represents a recent example of our Medicaid Business Process modernization. By integrating the provider enrollment process into our health care portal and workflow applications, we are investing in our provider enrollment capabilities to both meet the federal regulations and integrate user feedback to drive efficiencies. This effort results in a portal-driven enrollment process that increases the ease of provider engagement with the program while at the same time increasing the quality of the data received by the MMIS for enrollments.

HPES provides analytics and reporting capabilities through our InSight Dashboard that revolutionizes how performance metrics are tracked and reported and provides advanced program analytics. It tracks and reports provider enrollment statistics. The following components provide business process modernization to the *interChange Healthcare Platform*:

- **Healthcare Portals**—Allows stakeholders such as providers, members, and EDI trading partners access to data and services
- **SOA Architecture**—Provides orchestration of information across the Medicaid enterprise system
- **interChange Connections**—Enhances the enterprise environment through robust infrastructure capabilities, allowing for the smooth access and exchange of data using technologies such as web services
- **Workflow**—Brings automated processing applying consistent rules throughout the business processes
- **Benefit Plan Administration (BPA) rules engine**—Allows users to dynamically configure covered benefits and provider contracts without the need for any application changes

New Public Management vs. Old public Administration methodology expertise

The business of Medicaid is changing. From the implementation of the Affordable Care Act (ACA) to a shift toward managed care to the need for cost-effective means of interacting with the stakeholders while increasing the quality of care, the *interChange Healthcare Platform* provides the guidepost to move into the future. We provide a proven MMIS to meet CMS certification needs of today, while implementing a rules, workflow, and service based framework that provides needed functions to meet the current and future business challenges.

The reshaping of the Medicaid landscape has been accelerating and changing the way benefits are administered, programs are managed, members are engaged, and how providers are supported. HPES

No other MMIS has as successful a track record as the HPES *interChange Healthcare Platform*. We have delivered more innovation to the State healthcare market than any other vendor - including real-time claim adjudication for all claim types, self service provider enrollment, first single sign-on capabilities, and multi-state Hospital Incentive (MAPIR) module for EHR incentives.

solutions address these items by delivering applications that use the following MITA-aligned technologies:

- **Healthcare Portals**—Providing outreach and self-service capabilities to the key system stakeholders
- **Integrated Workflow**—Aligned to MITA business processes and seven standards and conditions
- **Enterprise Service Bus**—Sharing data and exposing services to internal and external applications
- **BPA Rules Engine**—Key policy and business rules are maintained in rules engine allowing nontechnical users the ability maintain critical applications
- **inSight Dashboard Reporting**—Conveys real-time and historic performance metrics at the user's desktop
- **Data Analytics**—Including expanded DSS, MAR and SUR online and dashboard reporting

MITA Knowledge to Coordinate with State Technology Transformation

HPES' holistic approach to systems integration *minimizes complexity* by using MITA 3.0-compliant technology, providing project management transparency and quality assurance. HPES proactively evolved our interChange MMIS business functions—incorporating MITA and the CMS Seven Standards and Conditions guidelines by recently adding advanced features and architectural capabilities to the most successful MMIS solution in the market today. We were the *first* fiscal agent in the nation to gain certification using the new CMS Medicaid Enterprise Certification Toolkit (MECT) and checklists for our Wisconsin customer.

To further explain the HPES vision of how the *interChange Healthcare Platform* components will be used, we present the following Seven Standards and Conditions framework mapping.

7SC Framework and the *interChange* Vision.

Alignment with 7SC	Vision of <i>interChange</i> MMIS Component Usage
Modularity Condition	<ul style="list-style-type: none"> • HP EDGE SDLC to provide continued high quality updates to the offering • interChange Business Policy Administration (BPA) rules engine and Corticon rules engine for adaptation to business rule changes
MITA Condition	<ul style="list-style-type: none"> • interChange online MITA Business Process Step documentation to drive process maturity • integrated workflow engine to standardize and automate business processes • interChange workflow engine Business Activity Monitoring (BAM) analytics to evaluate business process efficiencies for best practices
Industry Standards	<ul style="list-style-type: none"> • Data sharing through the Biztalk ESB portion of the Connections module using web services and other industry standards to exchange data
Leveraged Condition	<ul style="list-style-type: none"> • Leverage of COTS packages across the enterprise for topics such as Correspondence and Document management • Through the interChange Connections module interaction with a regional or

Alignment with 7SC	Vision of <i>interChange</i> MMIS Component Usage
	national provider database for standardized credentialing
Business Results	<ul style="list-style-type: none"> • Use of advanced analytics for the identification of members who would most benefit for coordination and care management services • Use of analytics for the evaluation of co-morbidities and subsequent coordination of services across multiple programs such as Medicaid and Behavioral Health • Greater member adoption of self-service program interaction including education efforts to drive health improvements of chronic conditions
Reporting Condition	<ul style="list-style-type: none"> • A culture of analytics develops where policy establishment and measurement is done with formal evaluation of metrics • <i>interChange</i> Connect inSight analytics component that ‘follows the money’ will focus on the understanding of the cost drivers of major expenditures such as pharmacy, home health and re-admissions. • Analytics will be used to transform the business through accountable care approaches aimed at influencing the delivery and consumption of services
Interoperability Condition	<ul style="list-style-type: none"> • The <i>interChange</i> Connections module will be leveraged as future industry standards are developed for interaction and data sharing • Increased use of services such as the ACA 1104 Operating Rules will be adopted opening up the <i>interChange</i> Connect business services for interoperability

2. List the state(s), territories, and/or tribal entities where your organization has implemented complex health care delivery reforms.

HP Enterprise Services has a 48-year long history of supporting complex healthcare delivery reforms across our great nation. HPES has been at the forefront of healthcare reform from both the standards and delivery perspectives. A small sampling of the states where we have implemented these reforms appears below:

Healthcare Reform

State	Annual Claims	Provider Count	Member Count	Managed Care Capitations \$	Project Start Date
Alabama	34,258,069	25,946	1,132,040	N/A	1987
Arkansas	40,369,886	40,349	798,188	51,423,083	1985
Connecticut	37,000,000	31,500	650,000	N/A	1981
Delaware	11,200,000	9,000	31,000	N/A	1981

State	Annual Claims	Provider Count	Member Count	Managed Care Capitations \$	Project Start Date
Florida	90,511,977	159,708	3,300,000	4,829,409,416	1985
Georgia	53,000,000	97,604	1,700,000	3,126,945,492	1987
Indiana	58,000,000	45,000	1,100,000	N/A	1991
Kansas	6,100,000	28,891	380,000	1,800,000,000	1979
Kentucky	83,000,000	31,476	873,000	4,000,000,000	1983
Massachusetts	45,774,857	52,964	1,889,052	5,030,380,267	2005
Nevada	16,994,188	22,500	338,817	345,174,118	2011
Ohio	64,300,000	106,000	2,300,000	6,900,000,000	2007
Oklahoma	60,816,779	38,435	827,424	33,614,916	2000
Oregon	23,876,682	77,756	692,963	2,545,200,000	2005
Pennsylvania	44,535,799	68,000	2,231,577	10,793,678,700	1992
Rhode Island	5,300,000	2,300	201,936	N/A	1992
Tennessee	10,500,000	47,000	1,200,000	4,900,000,000	1995
Vermont	9,700,000	12,570	183,383	N/A	1981
Wisconsin	41,000,000	73,000	1,150,000	2,560,000,000	1977

a. Describe the focus or components of the reforms that were or are being implemented.

During our long history of delivery healthcare reforms, HPES implemented numerous initiatives. Some of the more recent reforms include the implementation of an 1115 Waiver (Managed Care) for many of our clients, accommodating Medicaid expansion, ACA 1104, T-MSIS, ICD-10 Remediation,

Eligibility and Enrollment reform, Medicaid Incentive Payments (MAPIR), Fraud and Abuse detection, Program Integrity initiatives, data warehousing, data analytics, data visualization, immunization registries, ePrescribing, pre-admission screening resident reviews (PASSR), and others related to the Affordable Care Act. Depending on the customer, many of these reforms have either already been implemented or are now under way.

b. Include contact information for the referenced implementation(s) and the name(s) of the individual(s) who can verify the status of the implementation(s).

For 48 years, we have successfully delivered innovative and transformative solutions for states in support of Title XIX. We welcome the opportunity to discuss those successes and customers that we have positively impacted to further communicate our value and potential for the State of Illinois.

3. Complete the following Matrix summarizing the subject of the projects that have been implemented or are in progress. (List each referenced program on a separate line.)

HPES' long history in implementing healthcare reform for last nearly 50 years is unique. This breadth of experience, knowledge, and capability is unmatched by any other vendor in the market place today. While it would be impractical to provide details for all of the projects that HPES has successfully delivered, we welcome the opportunity to further discuss those client success stories in detail.

The response to RFI item 2 above contains a very small sample of the list of States where we currently provide Medicaid-related services. The services provided by HPES includes, but is not limited to: MMIS development and maintenance, document management, Fraud and Abuse detection, call center operations for providers and members, case management services, claims and encounter processing, provider outreach, drug rebate, medical, pharmacy, and dental prior approval, immunization registries, ePrescribing, pre-admission screening resident reviews (PASSR), and member and provider education/training.

As a master systems integrator, we demonstrate our dedication to serving healthcare customers with innovative solutions, dependable health services, and experienced healthcare professionals.